

Childhood/Adolescent Immunization Administration Record

Practice Name: _____

Address: _____

Patient Name: _____ **Birth Date:** _____ **M** ☐ **F** ☐

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Parent, Guardian, or vaccine recipient - Please read and initial.

Initials	
	<p>Statement 1: I have read or have had explained to me the information contained in the Vaccine Information Statements (VISs) about the following disease(s) and vaccine(s): Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella singly or in combination, Haemophilus Influenzae type b, Hepatitis A, Hepatitis B, Varicella, Pneumococcal, Meningococcal, Rotavirus, Human Papilloma Virus, and Influenza. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated on this form be given to me or the person named on this health record for who I am authorized to make this request.</p>
	<p>Statement 2: I agree to allow the health care provider giving vaccinations to release information about all vaccinations given to me, or to the person for whom I am authorized to consent, to the Arizona State Immunization Information System (ASIIS), other health care providers and schools in order to avoid receiving unnecessary vaccinations and to provide information about what immunizations have been received. I understand that I am not required to agree to the release of this information in order to receive the vaccinations I request.</p>
	<p>"If I do not wish this record to be included in ASIIS, I have the option of crossing out the above boxed statement and initialing it."</p>

TB Skin Test	Date Given	Provider Signature	Date Read	Result	TB Skin Test	Date Given	Provider Signature	Date Read	Result

Important Websites:

Childhood & Adolescent Immunization Schedule/Catch-Up Schedule

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

Adult Immunization Schedule (English and Spanish)

<http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm>

Vaccine Information Statements (English)

<http://www.cdc.gov/vaccines/pubs/vis/default.htm>

Vaccine Information Statements (English & 32 other languages)

<http://www.immunize.org/vis/>

Screening forms:

(English) <http://www.immunize.org/catg.d/p4060.pdf>

(Spanish) <http://www.immunize.org/catg.d/p4060.pdf>

Arizona Child Care and School Immunization Requirements

http://www.azdhs.gov/phs/immun/pdf/immun_req_eng.pdf



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Vaccine (Circle vaccine given)	Date Given	Signature of Person to receive vaccine or person authorized to make request	Vaccine Mfg.	Vaccine Lot Number	Circle site given	Name/Title of Vaccine Administrator	Date of VIS	VFC Code
Please Include Date and Provider of Previous Immunizations								
DTaP/DT 1					LVL RVL LD RD			
DTaP/DT 2					LVL RVL LD RD			
DTaP/DT 3					LVL RVL LD RD			
DTaP/DT 4					LD RD			
DTaP/DT 5					LD RD			
Td/Tdap 1					LD RD			
Td/Tdap 2					LD RD			
Td/Tdap 3					LD RD			
IPV 1					LSQ RSQ			
IPV 2					LSQ RSQ			
IPV 3					LSQ RSQ			
IPV 4					LSQ RSQ			
MMR 1					LSQ RSQ			
MMR 2					LSQ RSQ			
Hib 1					LVL RVL LD RD			
Hib 2					LVL RVL LD RD			
Hib 3					LVL RVL LD RD			
Hib 4					LVL RVL LD RD			
Hep A 1					LVL RVL LD RD			
Hep A 2					LVL RVL LD RD			
Hep B 1					LVL RVL LD RD			
Hep B 2					LVL RVL LD RD			
Hep B 3					LVL RVL LD RD			
Hep B 4					LVL RVL LD RD			
Varicella 1					LSQ RSQ			
Varicella 2					LSQ RSQ			
PCV7 1					LVL RVL LD RD			
PCV7 2					LVL RVL LD RD			
PCV7 3					LVL RVL LD RD			
PCV7 4					LVL RVL LD RD			
Rotavirus 1					Oral			
Rotavirus 2					Oral			
Rotavirus 3					Oral			
MCV4 1					LD RD			
MCV4 2					LD RD			
HPV 1					LD RD			
HPV 2					LD RD			
HPV 3					LD RD			
Influenza					IM Site____ Nasal			
Influenza					IM Site____ Nasal			
Other								
Vaccines for Children (VFC) Codes: 0 = KidsCare 1 = AHCCCS 2 = Uninsured 3 = Native American or Alaskan Native 4 = Under-Insured 5 = Other								
Patient's Name:					Date of Birth:			